

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017663 SP

DOCUMENT # L99000002289

1. Entity Name

PEDIATRICS PLUS INVESTMENTS, LLC

FILED

00 APR 12 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3459 OAKWATER CIRCLE  
ORLANDO FL 32806

Mailing Address

3459 OAKWATER CIRCLE  
ORLANDO FL 32806

2. Principal Place of Business

3849 Oakwater Circle  
Suite, Apt. #, etc.

3. Mailing Address

3849 Oakwater Circle  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3574130

Applied For

Not Applicable

Zip

Country

32806

Zip

Country

32806

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT L ESQ  
20 NORTH ORANGE AVE., SUITE 1000  
ORLANDO FL 32801-4326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM  
NAME CARR, W. DAVID M.D.  
STREET ADDRESS 3459 OAKWATER CIRCLE  
CITY- ST- ZIP ORLANDO FL 32806 ☐ Delete

TITLE MGRM  
NAME RODRIGUEZ, RICHARD G M.D.  
STREET ADDRESS 3459 OAKWATER CIRCLE  
CITY- ST- ZIP ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/07/00

Date

407-859-7239

Daytime Phone #

(6/6) 11/23/00